United States District Court

for

District of New Jersey

Request for Modifying the Conditions or Term of Supervision with Consent of the Offender

(Probation Form 49, Waiver of Hearing is Attached)

Name of Offender: Samuel J Perez	Cr.: 19-00512-001
	PACTS #: 947921
Name of Sentencing Judicial Officer:	THE HONORABLE STEVE C. JONES
	UNITED STATES DISTRICT JUDGE
	(Northern District of Georgia)
Name of Assigned Judicial Officer:	THE HONORABLE ANNE E. THOMPSON
	SENIOR UNITED STATES DISTRICT JUDGE
	(Jurisdiction Transferred July 22, 2019)
Date of Original Sentence: 08/25/2015	
Original Offense: Wire Fraud	
Original Sentence: Imprisonment – 46	Months; Supervised Release - 3 Years
Special Conditions: Restitution - Mone Financial Disclosure, Search/Seizure	ey, Special Assessment, DNA testing, No New Debt/Credit,
Type of Supervision: Supervised Relea	Date Supervision Commenced: 07/16/2018

PETITIONING THE COURT

Γ	To extend the term of supervision for	years, for a total term of	years.
V	To modify the conditions of supervision	as follows:	

ALCOHOL/DRUG TESTING AND TREATMENT

You must refrain from the illegal possession and use of drugs, including prescription medication not prescribed in your name, and the use of alcohol, and must submit to urinalysis or other forms of testing to ensure compliance. It is further ordered that you must submit to evaluation and treatment, on an outpatient or inpatient basis, as approved by the U.S. Probation Office. You must abide by the rules of any program and must remain in treatment until satisfactorily discharged by the Court. You must alert all medical professionals of any prior substance abuse history, including any prior history of prescription drug abuse. The U.S. Probation Office will supervise your compliance with this condition.

CAUSE

On October 18, 2019, Your Honor was notified by the Probation Office of the offender's arrest for Operating a Motor Vehicle Under the Influence. At this time, we advised Your Honor that should the offender be found guilty of this charge, the offender would be enrolled in a substance abuse treatment program. On January 9, 2020, the offender pled guilty to the charge, however, because the offender's

original Judgment of Conviction does not include the Alcohol/Drug Testing and Treatment, the Probation Office is unable to fund the offender being assessed at a treatment provider. Because the offender currently lacks any health insurance, the Probation Office seeks to add the said condition in order to fund the offender's substance abuse treatment.

Respectfully submitted,

Carly T. Schultz

By: Carly T. Schultz

U.S. Probation Officer

Date: 01/27/2020

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١	The Extension of Supervision as Noted Above	
0	The Modification of Conditions as Noted Above (as recommended by the Probation Office)

□ No Action

☐ Other

Signature of Judicial Officer

Date/

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEW JERSEY

Waiver of Hearing to Modify Conditions of Probation/Supervised Release or Extend Term of Supervision

I have been advised and understand that I am entitled by law to a hearing and assistance of counsel before any unfavorable change may be made in my Conditions of Probation and Supervised Release or my period of supervision being extended. By "assistance of counsel," I understand that I have the right to be represented at the hearing by counsel of my own choosing if I am able to retain counsel. I also understand that I have the right to request the court to appoint counsel to represent me at such a hearing at no cost to myself if I am not able to retain counsel of my own choosing.

I hereby voluntarily waive my statutory right to a hearing and to assistance of counsel. I also agree to the following modification of my Conditions of Probation and Supervised Release or to the proposed extension of my term of supervision:

To extend the term of supervision for _____ years, for a total term of _____ years.

To modify the conditions of supervision as follows:

ALCOHOL/DRUG TESTING AND TREATMENT

You must refrain from the illegal possession and use of drugs, including prescription medication not prescribed in your name, and the use of alcohol, and must submit to urinalysis or other forms of testing to ensure compliance. It is further ordered that you must submit to evaluation and treatment, on an outpatient or inpatient basis, as approved by the U.S. Probation Office. You must abide by the rules of any program and must remain in treatment until satisfactorily discharged by the Court. You must alert all medical professionals of any prior substance abuse history, including any prior history of prescription drug abuse. The U.S. Probation Office will supervise your compliance with this condition.

Witness:

U.S. Probation Officer

Carly T. Schultz

Signed: 5

Probationer or Supervised Releasee

Samuel J. Perez

Date